**Mississippi Comprehensive Cancer Control**
**Event/Meeting Reporting Form**
**(Please complete one form for each event)**

Name of Organization:_____

Event Coordinator(s): _____

| Date & Time(Hours) of the Event | Location of the Event | Title of the Event | Number of Attendees |
|---|---|---|---|
| | | | |

**Brief Description of the Event:**_____

_____

**Was the Mississippi Partnership for Comprehensive Cancer Control Coalition (MP3C) Promoted?** ☐Yes ☐No

**Target Audience** (Please check all that apply):

☐ Professionals ☐General Public ☐Cancer Survivors
☐Uninsured/Underinsured ☐Students ☐High Risk
☐Adults ☐Senior Citizens ☐Other:_____

**Focus Area(s):** (Please check all that apply):

☐Advocacy ☐Childhood Cancer ☐Colorectal Cancer
☐Lung Cancer ☐Melanoma ☐Oral & Oropharyngeal Cancer
☐Palliation ☐Clinical Trials ☐Other_____
☐Breast Cancer ☐Cervical Cancer _____
☐Prostate Cancer ☐Nutritional & Physical Activity _____

**Please indicate which MS CCC Plan Area this event covered**

**Prevention__** **Diagnosis/Treatment__** **Survivorship/Quality of Life__**

**Early Detection___** **Surveillance___**

**Briefly describe the methods used to evaluate this event**:_____

_____

**Funding/In-kind Support:** (Please include donors and estimated funding amounts)

| Donor Name | Amount/In-Kind | Donor Name | Amount/In-kind |
|---|---|---|---|
| | | | |

**In-kind is organization, # of speakers, materials, food, media, facility used, advertisement, xeroxing,& paper, donated/free**

Please complete and **Email** the event form ONLY within 30 days following the event to Millicent.Shelby@msdh.state.ms.us
Please mail or fax this completed form **attached with copy of brochures, flyers or evaluation outcomes** to MSDH/CCC 570 E. Woodrow Wilson, O-208 Jackson MS 39216 within 30 days.
**8/6/2009revised**